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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Salt Water Disposal Well		7. Unit Agreement Name Blinebry-Drinkard SWDS
2. Name of Operator AGUA, INC		8. Farm or Lease Name
3. Address of Operator P.O. Box 1978 Hobbs NM 88241		9. Well No. 1 C-2
4. Location of Well UNIT LETTER C 660 FEET FROM THE North LINE AND 2305 FEET FROM THE West LINE, SECTION 2 TOWNSHIP 22S RANGE 37E NMPM.		10. Field and Pool, or Wildcat Lower San Andres
15. Elevation (Show whether DF, RT, GR, etc.)		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER Run Tubing and Packer <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

October 8, 1986

RIH with one 5-1/2" joint tail-pipe, hugh type DL liner hanger, and 5-1/2" plastic coated tubing. Set packer at 4362' below perforations at 4230' - 4320'. Acidized open hole interval at 4400' - 4950' with 5000 gallons NEFE 15% Hydrochloric acid. Place well back on injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED <u>R. W. Abbott</u>	TITLE <u>Manager</u>	DATE <u>January 5, 1987</u>
ORIGINAL SIGNED BY JERRY SEXTON DISTRICT 1 SUPERVISOR		
APPROVED BY _____	TITLE _____	DATE <u>JAN 8 1987</u>
CONDITIONS OF APPROVAL, IF ANY:		